

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90094 034 ***150.00

DOCUMENT # F00000003410



1. Entity Name
TRUHAL ASSOCIATES LTD, INC.

Principal Place of Business
**3166 VIA POINCIANA #8
LAKE WORTH FL 33467-3304**

Mailing Address
**3166 VIA POINCIANA #8
LAKE WORTH FL 33467-3304**



2. Principal Place of Business
7765 LAKE WORTH RD

3. Mailing Address
7765 LAKE WORTH RD

Suite, Apt. #, etc.
#322

Suite, Apt. #, etc.
#322

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number **11-2461903**

Applied For
Not Applicable

Zip
33467-2536

Country
U.S.A.

Zip
33467-2536

Country
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROMBERG, HAROLD W
3166 VIA POINCIANA #8
LAKE WORTH FL 33467-3304**

7. Name and Address of New Registered Agent

Name **BROMBERG, HAROLD W.**
Street Address (P.O. Box Number is Not Acceptable)
7002 PEONY PL
City **LAKE WORTH** FL Zip Code **33467-1444**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Harold W. Bromberg** PRESIDENT DATE **03/13/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	BROMBERG, HAROLD W
STREET ADDRESS	3166 VIA POINCIANA #8
CITY-ST-ZIP	LAKE WORTH FL 33467-3304
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	BROMBERG, TRUDY A
STREET ADDRESS	3166 VIA POINCIANA #8
CITY-ST-ZIP	LAKE WORTH FL 33467-3304
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7002 PEONY PL
CITY-ST-ZIP	LAKE WORTH, FL 33467-1444
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7002 PEONY PL
CITY-ST-ZIP	LAKE WORTH, FL 33467-1444
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Harold W. Bromberg** HAROLD W. BROMBERG 03/13/2003 561-964-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)